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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application:  
HART, et al. ) Customer No.: 21378  
Serial No.: 10/807,974 ) Docket No.: A-3124-AL  
Filed: March 24, 2004 ) Art Unit: 3763  
For: SELF-SEALING CANNULA  
HAVING INTEGRATED SEALS )

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Trademark Office, Fax No. 571-273-8300 on  
Sep 22, 2005

Barbara Johnson  
(Type or print name)

*Barbara Johnson*  
(Signature)

Dear Sirs:

Attached please find the following documents submitted for filing in reference to  
the above-referenced application.

1. Information Disclosure Statement;
2. Forms PTO SB/08a and SB08b;
3. Copies of three (3) references; and
4. Transmittal.

Respectfully submitted,

*Barbara Johnson*  
Barbara Johnson  
Applied Medical Resources

**CUSTOMER NO.: 21378**

Telephone (949) 713-8000  
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Mail Stop Amendments  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
Facsimile No.: 571-273-8300

INFORMATION DISCLOSURE STATEMENT

Dear Sir:

Enclosed please find an Information Disclosure Citation which lists information that may be relevant to the prosecution of the above-captioned application. It is requested that this information be considered by the Office. However, it is understood that the mere filing of the Statement does not constitute an admission that the information submitted is material to patentability.

This Statement is being submitted under the terms of 37 C.F.R. § 1.97(b), and is being filed before the mailing of a first Office Action on the merits. No fee should be required.

Nevertheless, the Commissioner is hereby authorized to charge any fee deficiency, or credit any over-payment, to our Deposit Account No. 01-2215.

Respectfully submitted,

Patrick Y. Ikehara  
Attorney for Applicant  
Registration No. 42,681

Date: Sept 22 2005

Telephone: (949) 713-8000  
IP Facsimile: (949) 713-8206

Sep. 22, 2005 12:52PM Applied Medical 1-949-713-8206

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Substitute for form 1449A/PTO		<b>Complete If Known</b>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>		Application Number	10/807,974
(Use as many sheets as necessary)		Filing Date	March 24, 2004
Sheet	1	First Named Inventor	Charles C. Hart
of	2	Art Unit	3763
		Examiner Name	Not yet assigned
		Attorney Docket Number	A-3124-AL

## **U. S. PATENT DOCUMENTS**

## **FOREIGN PATENT DOCUMENTS**

Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup> Number <sup>4</sup> Kind Code <sup>5</sup> (if known)				
		WO 02/064203 A1	08-22-2002	SCIMED Life Systems, Inc.		
		WO 03/043683 A1	05-30-2003	Applied Medical Resources		

Examiner Signature		Date Considered	
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**\*EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 808. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 1 Applicant's unique citation designation number (optional). 2 See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. 3 Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). 4 For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. 5 Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.18 if possible. 6 Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.87 and 1.88. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/088 (08-03)

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<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>			
(Use as many sheets as necessary)			
Substitute for form 1449/PTO			
Complete If Known			
Application Number		10/807,974	
Filing Date		March 24, 2004	
First Named Inventor		Charles C. Hart	
Art Unit		3763	
Examiner Name		Not yet assigned	
Sheet	2	of	2
		Attorney Docket Number	
		A-3124-AL	

## NON-PATENT LITERATURE DOCUMENTS

<b>Examiner Signature</b>		<b>Date Considered</b>	
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**\*EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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**TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

79

Application Number	10/807,974
Filing Date	March 24, 2004
First Named Inventor	Charles C. Hart
Art Unit	3763
Examiner Name	Not yet assigned
Attorney Docket Number	A-3124-AI

**ENCLOSURES (Check all that apply)**

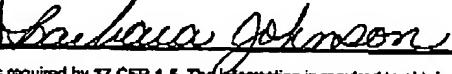
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
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<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
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<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Forms PTO SB/08a & SB/08b copies of 3 references
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or individual name	PATRICK Y. IKEHARA	
Signature		
Date	September 22, 2005	

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Typed or printed name	Barbara Johnson		
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